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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H65660**

(3)

PRODUCT INNOVATION, INC. Principal Place of Business Mailing Address 650 S. HEDGECOCK SQUARE 650 S. HEDGECOCK SOUARE SATELLITE BEACH FL 32937-3927 SATELLITE BEACH FL 32937-3927 3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1985 01/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2563078 Not Applicable 21 Suite, Apt. # etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032, Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Weiss. Kurt C 1901 S. HARBOR CITY BLVD., SUITE 805 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 83 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ffonda Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Ffordal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent if an familiar with, and accept the obligations of, Section 607.0505, Fforda Statutes. SIGNATURE (NOTE_Flogistered Agent eignature required when reinstaling) Stgreating, type that pointed name of regative at agreemed tite all appropria ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PTSD DELETE Change Addition 1.5 DILE TELL MOSS, JAMES R. NAME 12 NAME 650 S HEDGECOCK SQ 1.3 STREET AODRESS STEELE CADORESS SATELLITE BCH FL CdY-ST-7II: 1.4 CITY - ST - ZIP DELETE Change Addition TIME 2.1 Till E NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS OTY - \$1 - 71P 2 4 CITY - ST - ZIP DETECTE Change Addition TITLE 3.1 1111.6 NAME 3.2 NAME STREET ADURESS 3.3 STREET ADDRESS 3.4. CHTY - ST - ZIP CITY-ST DELETE Change Addition THE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP OTY-51-20 HHE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - \$1 - Z0 THEF DELFTE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-51-249 6.4 CITY - ST - ZIP 14. I do hereby certify it at the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information and cated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

JAMES R. MOSS JAN 15, 1997

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jan 23 1997 8:00am

Secretary of State